



## Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

Type of Statement			
<input type="checkbox"/> New Committee		<input type="checkbox"/> Amended Statement	
Name of Committee			
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Insert full name of committee (you may include acronyms, but please spell them out)			
Committee Mailing Address			
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Street/PO Box			
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> City, State, Zip Code			
(     )	(     )		
Business Phone	Fax	E-Mail Address	
Affiliated Organization or PAC			
Name/Address of Affiliated Organization or PAC: <div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div>			
Indicate the Purpose of your Committee (e.g. Labor, Business, Health Care, etc.) <div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div>			
Candidate's Supported or Opposed*			
Full Name and Address of Candidate(s)	Office Sought	Party Affiliation	Support or Oppose?
Area, Scope and Jurisdiction of the Committee			
This Committee intends to participate in (check all that apply)  <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <b>Statewide elections</b> <input type="checkbox"/> <b>General Assembly elections</b> <input type="checkbox"/> <b>Local elections</b> </div> If "Local Elections" is checked please list the Cities, Counties or Towns the Committee intends to be active in:  1) <div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div> 2) <div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div> 3) <div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div>			



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Other Agency Information	
<b>Taxpayer Identification Number</b>	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> Enter Taxpayer ID Number
<b>Other Agencies Where Committee is Registered</b>	
	<div style="display: flex; justify-content: space-between;"> <span>Name of Agency</span> <span>Registration Number</span> </div>
	<div style="display: flex; justify-content: space-between;"> <span>Name of Agency</span> <span>Registration Number</span> </div>
	<div style="display: flex; justify-content: space-between;"> <span>Name of Agency</span> <span>Registration Number</span> </div>
	<div style="display: flex; justify-content: space-between;"> <span>Name of Agency</span> <span>Registration Number</span> </div>
	<div style="display: flex; justify-content: space-between;"> <span>Name of Agency</span> <span>Registration Number</span> </div>
Committee Depository	
Primary Bank Name or Depository	Secondary Bank Name or Depository
Address of Depository	Address of Depository



## Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

Treasurer and Books Information		
<b>Treasurer</b>		
	<b>Mr./Ms.</b>	<b>Last Name</b>
	<b>Street Address (Business), City, State and Zip Code</b>	
	<b>Street Address (Residence)</b>	<b>Suite #</b>
<b>City, State and Zip Code</b>		
<b>Email Address (*see instructions)</b>		<b>Daytime Phone #</b>
<b>Principal Custodian of the Books (if one)</b>		
	<b>Mr./Ms.</b>	<b>Last Name</b>
	<b>Street Address (Business), City, State and Zip</b>	
	<b>Street Address (Residence)</b>	<b>Suite #</b>
<b>City, State and Zip Code</b>		
<b>Email Address (*see instructions)</b>		<b>Daytime Phone #</b>
<b>Address Where Books are Maintained</b>		
	<b>Street Address (P.O. Boxes are Not Acceptable)</b>	<b>Suite #</b>
<b>City, State and Zip Code</b>		
<b>Statement of Treasurer</b>		
<p><b>I accept the appointment of Treasurer for this committee.</b> I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I am required to file my reports electronically on SBE's website. I understand that I must truthfully report all monies and things of value which this political committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or un-filed reports. I also understand that if I provide false information on any document submitted to the State Board of Elections that I may be subject to the provisions of § 24.2-1016 which is punishable up to a Class 5 felony.</p>		
<b>Signature</b>		<b>Date</b>



## **Instructions for Completing This Form**

- Submit the original, signed copy of this form to SBE at:  
**200 N. 9<sup>th</sup> St., Suite 101**  
**Richmond, VA 23219**
- This form must be written in ink or typed or it will be rejected.
- An amended Statement is required to be filed within 10 days of the change if **any** of the information reported on this form changes.

### **Type of Statement**

- Check the box that applies to the type of Statement that you are filing.

### **Name of Committee**

- Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.

### **Committee Mailing Address**

- Insert the committee's primary mailing address.
- Insert the committee's primary business phone and fax number.
- Insert the Committee's e-mail address.

### **Affiliated Organization of PAC**

- Insert the name and address of any affiliated organizations or Political Committees. For example, if your committee is a division of a trade association, business group or labor union, please indicate the name of the parent organization.
- Indicate the purpose of your committee
  - All Political Committees are formed to influence the outcome of elections. Please briefly explain the purpose or issue(s) in which your committee is involved.

### **Candidate's Supported or Opposed**

- Indicate any and all candidates the committee intends to support or oppose. If there are more than two candidates that the committee supports or opposes, please attach the entire list when you submit this statement.

### **Area, Scope and Jurisdiction of the Committee**

- Please choose all that apply.



## **Instructions for Completing This Form**

### **Other Agency Information**

- Taxpayer ID Number
  - Enter the committee or organization's taxpayer identification number.
- Other Agencies Where Committee is Registered
  - Please provide a listing of all Federal and State agencies and provide registration numbers where the committee is also registered. Attach additional sheets if necessary.

### **Committee Depository**

- Insert the name of the committee's primary and secondary (if one) depository (Bank Name).
- Insert the address of the committee's primary and secondary (if one) depository.

### **Treasurer and Books Information**

- Treasurer
  - Insert the name and business and residential address of the person who will be responsible for maintaining and keeping accurate financial records and reporting these records on the prescribed forms
  - Email Address
- Custodian of the Books (if one)
  - You may leave this section blank if the treasurer also serves as the Custodian of the Books.